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DECLARATION		ITY OR	First Named Inventor		S. AARON			
DESIGN PATENT APPLICATION (37 CFR 1.63)			COMPLETE IF KNOWN					
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	(37 CF	R 1.16 (e))	Examiner Name					
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I hereby declare that:								
Each Inventor's residence, mail	ling address,	and citizenship are a	s stated below next to	their name.				
I befeve the inventor(s) named	l helow to he	the original and first	inconforms of the sub-	ac) matter uiti	ch le claimad s	and for		
which a patent is sought on the			interior (2) or die 225		Cir is Gignited E			
Method And Device	For Util	ization of a	Stethoscope as	a Neurol	ogical	1		
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the specification of which		(Title of the	invention)					
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is attached hereto								
OR .								
WAS filed on (MM/DDM)	was filed on (MM/DD/YYYY) as United States Application Number or FCT International							
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I hereby state that I have revie	tte that I have reviewed and understand the contents of the above identified specification, including the claims, as							
amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for								
continuation-in-part applications, meterial information which became available between the filing date of the prior application								
and the national or PCT international filing date of the continuation-in-part application.								
It hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or ptant breader's rights certificate(s), or 365(a) of any PCT international application which designated at least one								
country other than the United States of America. Isted below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder a rights certificate(s), or any PCT international application having a filing date								
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Prior Foreign Application		Foreign Filing			Carlified Cup	y Attached?		
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Additional foreign application numbers are listed on a supplemental priority data sheet PTQ/SB/028 attached hereto. [Page 1 of 2]								

The collection of information is required by 37 CFR 115 and 37 CFR 1.53. The information is required to contain or retain a benefit by the public which is to fire (and by the USPTO to procees) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This correction is estimated to take 21 minutes to complete, proceeding, proceeding, and extending the completed application form to the USPTO. Time will very depending upon the antifoliated data. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this hardon, should be sent to the Chief Information Officer. U.S. Pattert and Trademark Office. U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 221/3-1450, DC NOT SEND FEES OR COMPLETED FORMS. TO THIS ADDRESS. SEND TO: Commissioners for Patterte, P.O. Box 1450, Alexandria, VA 223-13-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		r Number			∞ 🗔	Сотевр	ondence address below
Name			-				
BENJAMIN APPELBAU	M Ph.D.						
Address Attorney-At-Law 2/ Bennington Dr							
City				1			ZIP
Flanders			Kex	Jer			07836
U.S.A. Telephone 973-927-557			Fex 973-584-2621				
I hereby declare that all statements mude herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the unowledge that willful false statements and the like so made are punishable by the or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jacquardize the validity of the application or any potent issued thereon.							
NAME OF SOLE OR FIRST IN	VENTOR:		etition h	es beer	n filled for th	is unsign	ed invantia
Given Name (first and middle [if any]) AARON Family Name or Sumanie ROLLINS							
Inventor's Signature		+					Date 6/24/2003
Residence: City	State			Country Citzer		ship	
Boca Raton	FL	U.S.A. U.			S.A.		
Maining Address 33 E. Camino Real Suite # 201							
City	State		•	ZIP	2422		Country
Boca Raten	FL		لمحل		33432		U.S.A.
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) TOR Family Name or Sumame ALDEN							
Inventor's Signature	h V						Vete 24 June 2003
Residence: City	Shale V		Count	ry		Citizer	nship
Basking Ridge	NJ NJ	U.S.A.		.A.	U.S.A.		.S.A.
Mailing Address 32 Granville Way							
City	State		1	ZIP		Count	Ŋ
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Additional investors or a legal or	presentativa are b	ping named on the	Supplemo	ntal shee	(c) PTO/S&W	TY O CUTS	stached norms

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Applicant/Inventor.						
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. Statement under 37 CFR 173(b) is ancrosed. (For		 				
SIGNATURE :	of Applicant or Assign	ee of Record				
Name AARON ROLLINS						
Signature						
		Telephone	216-832-7905			
Date 6-24-2003		1.25,200	1510-035-1403			
NOTE: Signatures of all the inventors or earligness of record of the a forms if more than une expediture is required, see below.	office internal or their repres	sancative(t) are regular	d. Subrat multiple			
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Application Number Filing Date **First Named Inventor** ROLLINS, AARON **POWER OF ATTORNEY OR** Title Method and device for ... **AUTHORIZATION OF AGENT** Artual Phosminer Name RULLU503 Attorney Doctor Number I hereby appoint: Place Customer Practitioners at Customer Number Number Bar Cude Label here XX Practitioner(a) named below: Name Registration Number BENJAMIN APPELBAUM 38,068 se mylour attempy(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Paters and I redemark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Practitioners at Customer Number. Number Bar Cude Label hate Firm or Individual Name Address Address Civ State 21p Country Telaphone em the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignes of Record Namo TOR ALDEN Signature Date 24 June 2003 Telephone (708-766-1067

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This colection of intermation is required by 27 CPR 1.31 and 1.33. The intermation is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentity is governed by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, excluding gettering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the landvistual case. Any comments on the amount of time you require to complete tris form endour suggestions for regarding this burden, should be sent to the Chief information Officer, U.S. Patient and Trustement Officer, U.S. Department of Commerce, P.O. Box 1440, Algorithm, VA 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ATDRESS. SEND TO: Commissioner for Partents, P.O. Box 1450, Alexandria, VA 22313-1450.

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